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SINGULAR RESULT OF ABDOMINAL SECTION.

By WILLIAM WARREN GREENE, M.D., Professor of Surgery in the Medical School of Maine and in the University of Michigan.

[Communicated for the Boston Medical and Surgical Journal.]

In the summer of 1866, I was called to see Mrs. ——, aged 30, the mother of several children, who had been suffering for a year or more from a fibroid uterus. It was impossible to say how long the disease had existed, but she called her physician, Dr. Samuel Camp, in the previous winter, who made the diagnosis of intra-mural fibrous tumors, which was verified by an examination at the time of my first visit. She had experienced more or less irregularity of the menses, and had several times flooded considerably, but the chief element in her case was severe pain—constant—and, in its paroxysms, excruciating through the pelvis, which latterly was hardly mitigated by any of the various remedies that had been tried. And, apparently from this alone, she had gradually become reduced almost to a skeleton, and to a condition of complete prostration. I say this was apparently the only cause, for, upon the most careful examination, no other disease could be found, and there had not been sufficient haemorrhage to reduce her to any great extent.

The pain was evidently due to intra-pelvic pressure, for the mass completely filled the cavity, and although it extended above the pubes so as to be distinctly felt, yet it could not be lifted out of the cavity at all. In fact, it was doubtful if either by the sound or the finger the entire mass was moved in the least.

The woman was very anxious to have "an operation" of some kind, "anything to cure the pain." Upon explaining to her the probable cause of the pain, and that no relief could be obtained by operation unless by opening the abdomen, and warning her of all the dangers connected therewith, and also of the probable impracticability of excising the uterus on account of the adhesions, even if so hazardous an operation was attempted, she was for the time being satisfied to postpone the matter indefinitely. Before many days, however, her sufferings were so intense that I was again sent for, and she insisted upon an

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operation, if there was any *possibility* of removing the diseased mass. After consultation, it was decided, with much reluctance, to make an exploratory incision. Accordingly, she was etherized, and placed upon a table in the ordinary position for ovariotomy. Assisted by Drs. Camp, Paddock and Wilcox, I made an incision through the abdominal walls from the umbilicus to the pubes, and after dividing some bands of organized lymph, the uterus was exposed. As we feared, or I may say expected, the mass was so firmly blended with the pelvic walls that it was impossible to move it, and therefore, after the somewhat free haemorrhage from the divided adhesions was checked, the external wound was carefully closed by interrupted silver sutures, including the entire thickness of the abdominal walls, except the peritoneum. When sufficiently conscious, she took a full half grain of morphine. Now comes the "singular" part of the case. She went on, under Dr. C.'s care, with very little peritonitis, taking but moderate doses of anodynes. The wound healed throughout by first intention. She was able to sit up in ten days, and from that time went steadily on improving in flesh and strength, *and from the time of the operation*, which was the first of September, 1866, *to the present, has had no return of the pain.* I saw Dr. Camp at Great Barrington about the first of July last, and he assured me that she had been well all the winter and spring, having done all the work for her large family. The size of the uterus was not much changed.

*Pittsfield, Mass., Oct. 15th, 1867.*

#### EAR-SPOUT.

*To the Editors of the Boston Medical and Surgical Journal.*

I DESIRE, in a very brief note, to ask the attention of your readers to a simple form of ear-spout, which is here represented about two



thirds its actual size. The spout itself consists of a single piece of tin of the shape figured in the annexed wood-cut. Attached to the two angles at its base are the two ends of the inverted U-shaped wire, by which the spout is held in place when used. The spout is

intended to hang upon the ear, with the lobulus resting within its base. If, in a rare case, there should be any leaking, it can be easily and completely obviated by making a little pressure on the wire directly in front of the meatus.

The simple contrivance here proposed answers perfectly as a spout. Being small, it can be carried in the pocket without inconvenience, or, what I like better, placed in the box of an ordinary rubber (bulb) syringe. Being cheap, it is within the reach of a large number of patients who would not care to purchase the more expensive instrument of Mr. Toynbee.

A. HOSMER.

*Watertown, Mass., January, 1868.*

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#### MILK SICKNESS.

By C. H. SMITH, M.D., Kenton, Ohio.

[Communicated for the Boston Medical and Surgical Journal.]

WE have had, for a short time, quite an endemic of this complaint, furnishing about fifty cases, of which seven died. The symptoms are, sudden and extreme prostration, nausea, prolonged vomiting, faintness; the temperature of the extremities and body falling much below the natural standard, and the skin often becoming clammy. Great distress and anxiety are depicted upon the countenance, the patient experiencing an undefined dread. He acquires a peculiar fetor, or a sweetish odor. The tongue is swollen, and, in fatal cases, becomes black with incrustation. The bowels become obstinately constipated, and a strong pulsation is felt over the whole abdomen, especially marked to the right of the umbilicus. The abdomen is caved in, and has the appearance of being empty. Cephalalgia and tinnitus aurium are common accompaniments. The heart and large arteries beat with violence, whilst the pulse at the wrist remains almost natural. The violent vomiting results in the ejection of a fluid of variable appearance. It is sometimes colorless, sometimes like soapsuds; in other instances, of the color of indigo, and in the last stages of cases that terminate fatally it is dark-brown, with a dark-colored sediment. The disease runs its course in a few days.

The treatment is simple—a cathartic, tonics, quinine, stimulants, blisters over stomach, liquid farinaceous diet. Opium is not to be used in the disease, as cases get worse under its employment.

All cases that occurred here were in American families, there not being one in a German family. Now, the cows of the two classes run on the same ground, and the cattle of both die with the disease; yet I have never known a case to occur among the Germans. The reason is, I think, plain. The Americans use the milk just as it comes from the cow, and the Germans boil what they drink.

SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL  
BOSTON.

[Reported for the Boston Medical and Surgical Journal, by DAVID W. CHEEVER, M.D.,  
one of the Visiting Surgeons.]

*Synopsis of five hundred Fractures treated at the Boston City Hospital,  
in three years—from June, 1864, to June, 1867.*

[Concluded from page 462.]

SEVENTY-FIVE *Fractures of the Femur* are enough to furnish some basis for a comparison of results.

To speak, first, of simple and uncomplicated fractures, they occurred at all ages and in all parts of the femur. Treatment, with very few exceptions, soon settled down into the following uniform course. The apparatus to be described is a modified combination of the methods of Buck and Liston.

First—*Extension* was made by strips of adhesive plaster carried above the knee, up to the seat of fracture, and down below the foot, on each side. They were retained by spiral turns of plaster and by bandaging. The lower ends were attached to a cord, passing over a pulley, and suspending a weight of from five to fifteen pounds, according to the age of the patient, or his muscular power.

Second—*Counter-extension* was made solely by raising the foot of the bed four inches.

Third—*Rotation* was prevented by a long, outside splint, extending from above the pelvis, below the foot. This was lightly bandaged on from the ankle to the groin, and ended in a few turns of the single spica, around the trunk. Sand bags were sometimes added.

Fourth—*Splints of Coaptation* were applied around the muscles of the thigh, next the skin, and secured by broad straps and buckles. The advantages of this method are steady, persistent extension, and freedom of the perineum from any counter-extension; comfort and ease to the patient; no sloughs, and good average results.

Shortening rarely exceeded three-fourths of an inch; often it was much less. No adult escaped without some shortening; many of the children had, however, no perceptible difference between the two legs. In none of the simple fractures were there any sores, or sloughs from the apparatus.

Non-union, originating in the hospital, occurred only once in the five hundred fractures. The double-inclined plane was used for some fractures near the hip. The double-inclined plane, combined with extension by weight in the axis of the femur, the pulley being at a height of five or six feet from the floor, according to the plan of Prof. Nathan Smith, was used in one case. The anterior splint of Dr. Nathan R. Smith was used in a few instances.

It was not perceived that either of these modes, in simple fractures of the femur, was more beneficial than that first described.

Intra-capsular fracture in old persons was treated by the fracture-bed, and, in some cases, by the long splint and weight, temporarily, to relieve pain. No apparatus was applied for a long time, and the patient was got up on crutches as soon as practicable. One case, in a person younger than middle age, was thought to be wholly intra-capsular and not impacted, and recovered with firm, bony union.

The majority of the cases of compound fracture of the femur were the result of such great violence, and accompanied with so much laceration of the soft parts, that amputation was the only resort.

Cases suitable for conservative efforts did well on the fracture-bed of Dr. Crosby; and on some heavy, iron substitutes for it, contrived and modified by Mr. Cutler, the Superintendent. The great advantage of these last was, their complete immobility and their durability.

There were three cases of simple fracture of *both* femurs. One, adult, was treated in Gibson's apparatus, which consists of two crutches from the axilla to beyond the heels, and a foot-piece, by which extension can be applied to both legs. Two, in children, were treated by double, plaster extension of the two legs, terminating in one pulley, and heavy weight; and sand-bags to check rotation.

All three cases did well.

There were three fractures of the *patella*. All were treated in the straight position, with the heel raised eight to ten inches. All did well; one, *transverse*, had *bony union*.

There were *one hundred and seven* fractures of the *tibia* and *fibula*. The majority were simple, though many threatened to become compound. Pott's fracture, with dislocation of the ankle, was pretty common.

The fracture-box was used more than any other apparatus, especially in the earlier treatment; simple fractures were soon got into an immoveable bandage. Certain fractures of the tibia, threatening to become compound, were successfully treated by flexing the leg, and laying it on its side, in Mr. Pott's position, with a carved splint to steady it. After several weeks the straight, starched bandage was applied. Certain others were suspended in Dr. N. R. Smith's apparatus, with good results; and where there was simply an oblique fracture of the tibia pressing against the skin, it was remedied by raising the heel. The compound fracture of the leg depended for good or bad results on the habits and the age of the patient.

During the last six months the glue bandage of Mr. De Morgan has been largely substituted for starch. It is made of ordinary boiled glue, to which one-fifth part of alcohol is added. Its advantages are facility of application with a brush; quicker drying, greater solidity, and firmer union of the folds of bandage after being slit open, than the starched bandage of Seutin.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

Oct. 28th.—*Capillary Bronchitis; Convalescence; Intercurrent Pneumonia; Recovery.*—Dr. MORLAND reported the following case of capillary bronchitis, which had been under his care in the City Hospital.

Lizzie T., 20 years old, an Irish servant, not long in this country, entered the hospital July 6th, 1867. For several days previous to entrance, there had been general *malaise*, attributed to "catching cold." On July 5th, dyspnoea, nausea, and vomiting of bloody fluid, compelled her to seek medical advice. She said she "had pains all over."

*Condition on Entrance.*—When first visited, she was in bed; decubitus dorsal; face congested and mottled; lips rather livid; great restlessness. Respirations 32 in the minute, difficult. Violent attacks of cough remarked; sputa thick and purulent. Pulse 112, full and bounding. Tongue covered with a light white coat; appetite feeble; thirst considerable. One dejection yesterday.

*Physical Examination.*—Figure extremely robust; chest finely formed and full. Natural resonance over both chests, anteriorly and posteriorly. In right chest, numerous sonorous and sibilant râles; in left chest, from inferior angle of scapula downwards, sub-crepitant râles are heard.

Milk and beef-tea were directed for diet; a jacket-poultice applied, and ten grains of Dover's powder given.

July 7th.—Pulse 140; restlessness and other phenomena much the same. Two ounces of sherry wine, and, for the cough, a mixture of syrup of senega  $\frac{3}{4}$  i. and of paregoric five drops; this amount every three hours.

8th.—Mucous râles in left chest somewhat coarser; sub-crepitant râle in right chest, posteriorly, at inferior angle of scapula. Pulse 120; respiration somewhat easier. Increased the amount of sherry to eight ounces; omitted senega and paregoric. Patient to take two grains of the muriate of ammonia, in water, every two hours.

12th.—Pulse 116; considerable cough, with quite copious and *fætid* purulent expectoration.

13th.—Pulse 120; tongue cleaning; extra diet; patient cheerful and talkative.

16th.—Omitted previous prescription; let her take half a drachm of the fluid extract of cubebbs, in syrup and water, four times daily.

17th.—Pulse 116; much the same.

18th.—Nausea and vomiting—attributed to the cubebbs; breath *fætid*, almost of a gangrenous odor. Sinapis to epigastrium; omitted cubebbs; resumed muriate of ammonia as previously given.

24th.—Gave sulphate of quinine, three grains daily, and on the 26th omitted muriate of ammonia; patient doing well and apparently convalescing rapidly.

27th.—After the visit yesterday, the patient, always imprudent and difficult to control, sat at an open window—the door of the room being open directly opposite—and whilst in a profuse perspiration. During

the night, she slept but little, and had occasional attacks of vomiting. Now, restless and uneasy.

28th.—Sharp pain in left side; great dyspnoea; bloody expectoration; cheeks and chin florid. Evidently suffering extremely. Applied strong sinapis to left side. Pulse weak and rapid. Omitted sherry, and resumed muriate of ammonia. Also, through the day, gave brandy, to the amount of eight ounces.

29th.—Dulness over inferior half of left lung. Fine crepitant and bronchial respiration. Bloody sputa still continue, intermingled with purulent expectoration. Respirations 48, frequently interrupted by very violent attacks of cough; pulse 120. At evening visit, pulse 144, somewhat undulating.

30th.—Bloody sputa diminishing; large amount of foetid purulent expectoration; respiration easier; pulse 120.

31st.—Catamenia present; general condition much improved.

On August 1st, 1867, Dr. F. E. Oliver took charge of the patient, and the following record is furnished by Mr. R. H. Fitz, from the above date to that of the patient's discharge:—

August 1st.—	Respirations 36; Pulse 104; catamenia ceased.		
" 2d.—	" 32;	" 112.	
" 3d.—	" 28;	" 100.	
" 4th.—	" 32;	" 100 at morning visit.	
Morning (early).—	" 40;	" 120; Temperature, 102°.	
Evening.—	" 36;	" 124; " 102°.	
" 5th, Morning.—	" 36;	" 136; " 102.5°.	
Evening.—	" 40;	" 136; " 102.5°.	
At physician's visit.—	" 28;	" 116.	
" 6th.—	" 28;	" 100; no crackling.	
" 7th.—	" 34;	" 132.	
" 8th.—	" 28;	" 116; slept well.	
" 10th.—	" 28;	" 104.	
" 15th.—	" 24;	" 100.	
" 16th.—	" 32;	" 100; flatness on percussion over left back. Sub-mucous rales, bronchophony and bronchial respiration heard on auscultation.	

August 20th.—Respirations 20; pulse 72. Reduce allowance of brandy from six to three ounces daily.

28th.—The record reads as follows:—" Ascertained, to-day, that patient has been subject to coughs and other lung troubles (?) for many years. While in Ireland, she had haemoptysis many times." She showed no traces of faulty conformation, nor did anything in her appearance excite the least suspicion of a predisposition to pulmonary disease, or of constitutional taint. The statement, therefore—made by herself—must be taken with much reservation, especially with respect to the alleged haemoptysis.

September 4th.—Patient was discharged, well.

Dr. Morland added, that he reported the case for the following reasons:—First, because capillary bronchitis is so rare in the young adult, as compared with pneumonia, &c.;\* secondly, on account of

\* Dr. Meredith Clymer, in his remarks upon Capillary Bronchitis, in his edition of Dr. Aitken's Science and Practice of Medicine, is inclined somewhat to modify the almost universal testimony upon this point. He says:—" This is a distinct form of bronchitis, always of serious import, and too frequently not recognized, or not distinguished from other pulmonary disorders of less mortal tendency. Most systematic authors seem to regard it as almost proper to the two extremes of life—infancy and old age—and its occurrence in youth or adult age as exceptional, and then only amongst the weakly. The writer's experience leads him to believe that it is more common in adults of both sexes than is generally admitted, and is not limited to those of feeble health or infirm from previous disease, but happens

the extreme severity of the case itself; and, thirdly, because of the intercurrent pneumonitis, and the recovery of the patient from an apparently desperate condition. When the uniformly serious nature of capillary bronchitis, and the almost constantly unfavorable prognosis are considered, it is not a little remarkable that this patient should not only have recovered from the first attack, but also have been able to endure the pneumonia so immediately supervening. The only other case which the reporter has seen, in an adult, for many years, was in the person of a strong woman, of middle age, who survived only about twelve hours.

*Bibliographical Notices.*

*Apontamentos ácerca das Ectocardias a propósito d'uma variadade não descripta a Trochocardia.* Lidos na Academia Real Sciencias de Lisboa, pelo Socio effectivo Dr. PEDRO FRANCISCO da COSTA ALVARENGA, Medico Honorario da camera de Sua Magestade El-Rei D. Luiz I., &c. &c. Lisboa : 1866.

*Remarks upon Misplacements of the Heart, embracing an undescribed variety, the Rotated Heart.* Read before the Royal Academy of Sciences at Lisbon, by Dr. P. F. daC. ALVARENGA, Resident Fellow, Honorary Physician to the King, &c. &c. Lisbon : 1866. Small 4to. Pp. 76.

A CASE of very unusual misplacement of the heart, that of horizontal twisting of the organ, hitherto undescribed, having come under his notice in the great hospital of S. José, at Lisbon, Prof. Alvarenga takes occasion, in describing it to the Royal Academy, to develop a new classification and nomenclature which shall include all varieties of such anomalies. He next sketches the history of misplacements, treating in succession of their importance, their etiology, diagnosis, prognosis and management, and then brings forward and describes such cases as he has seen, in support of the positions assumed.

Under the general title of Ectocardia (*ἐκτός, out of place, and καρδία, heart*), our author places all deviations or changes in situation or direction of the heart, and includes the whole in the following table, which will sufficiently explain itself:—

Ectocardia.	Intrathoracica.	Lateralis.	Dextiocardia. Aristocardia. Trochocardia. Mesocardia.
		Centralis.	Epicardia. Hypocardia. Thoracica.
	Extrathoracica (cardiocele).		Abdominalis. Cervicalis.

The particular variety, a case of which gave origin to his monograph

in persons of vigorous and sound constitutions." He refers to the death of the late Emperor Nicholas of Russia, by it, "in the full strength of manhood"; and to a fatal case of a clergyman of "large frame and great height," reported by Dr. T. K. Chambers; also to its occurrence, not infrequently, amongst our troops, in the late war, although "seldom diagnosed."

and occupies a prominent portion of its pages, Prof. Alvarenga terms Trochorizocardia (*Troch*, τροχός, rotation; *orizo*, ὄριζων, horizon; *cardia*, καρδία, heart), i. e., horizontally rotated heart. In this form of ectocardia, the heart lies horizontally upon the centre of the diaphragm, on its posterior face, having its base turned towards the right and the vertex towards the left, and so rotated or twisted on its axis that the anterior of the organ becomes uppermost; the right border and part of the posterior face look forwards; the remainder of this face, directed basewards, rests upon the diaphragm; while the left border of the heart and a small portion of the contiguous faces turn backwards and basewards. (P. 44.)

Full details, with autopsy, of this the author's case, and two somewhat similar cases in a neighboring infirmary, together with cases of other varieties of misplacement witnessed by himself, are given at length, illustrated with sphygmograms, and enhanced with appropriate summaries and references to authorities and writers upon the subject.

In concluding his essay, Prof. Alvarenga recapitulates its chief points in a number of propositions, which we abridge as follows:—

1. The heart is susceptible to many and various misplacements.
2. These misplacements are congenital or accidental; partial or total.
3. They may occur within or exterior to the thoracic cavity.
4. Ectopia, the term generally used, is insufficient, and Ectocardia is proposed as a substitute.
5. To previously described varieties should be added that of trochorizocardia, or, more correctly, trochorizocardia.
6. 7 and 8 consist of explanations of the new terms proposed.
7. Other misplacements have long been known, but trochorizocardia has not hitherto been described.
8. The study of ectocardias is important. In medical practice, diagnosis, prognosis, and treatment in many patients may be elucidated by the knowledge of the existence and progress of ectocardia, acquired or accidental.
9. The functions of the heart, as well as of other organs, are not disturbed by misplacement merely—a fact already known.
10. To other means of investigating misplacements may now be added the sphygmograph.
11. As shown by the sphygmograph, the pulse is not altered in its principal characteristics during the progress or abatement of the misplacement.
12. The sphygmograph shows that in misplacements the pulse is not disturbed, as in some lesions of the great vessels.
13. When, in the same individual, misplacements assume different phases, the sphygmograph shows a corresponding uniformity in the pulse.
14. Emanating from an unwearied investigator and learned writer, this work happily fills an important and hitherto vacant niche in medical literature. True, misplacements of the heart have long attracted the attention of the curious, and cases have been reported here and there in the journals, but they have been mostly ignored by systematic writers, or only been slightly alluded to in larger works, so that the subject has never before been so thoroughly discussed as in the treatise

before us. It is also the most successful as well as the most recent attempt to reduce to scientific arrangement all known varieties. The nomenclature proposed will undoubtedly meet with general approval; indeed, it has been adopted already, so far as requisite, by a prominent English author in a new edition of his own work.\* In short, the *Apontamentos* must be regarded a valuable contribution to science, and worthy the attention of all who may happen to have cases of real or suspected ectocardia under observation.

B. E. C.

*The Practice of Medicine and Surgery applied to the Diseases and Accidents incident to Women.* By Wm. H. BYFORD, A.M., M.D., Professor in the Chicago Medical College, &c. Second Edition, enlarged. Philadelphia: Lindsay & Blakiston. 1867.

The paper and type are all that could be desired. The bulk of the work is upon disorders of menstruation, inflammatory affections of the female genito-urinary apparatus, and displacements, together with deviations of involution, of the uterus. It treats also of stone in the bladder, cancer of the uterus, tumors of the uterus, ovarian tumors—very fully discussed—diseases of the mammae, puerperal convulsions, phlegmasia dolens, puerperal fever, stomatitis materna.

Of course, one could hardly expect to agree with any author at all points. For instance, we should not unite with Dr. Byford in recommending attempts to introduce a cylinder of nitrate of silver within the body of the womb, since we think it would rarely be made to pass the os internum, and, if it should, would be a dangerous intruder in the upper uterine cavity. But we feel authorized to commend Dr. Byford's book as a valuable guide to the general practitioner. His views, expressed clearly and without verbiage, we regard as generally sound.

*Mechanical Therapeutics. A Practical Treatise on Surgical Apparatus, Appliances, and Elementary Operations; embracing Bandaging, Minor Surgery, Orthopraxy and the Treatment of Fractures and Dislocations.* By PHILIP S. WALES, M.D., Surgeon U.S.N. With six hundred and forty-two Illustrations. Philadelphia: Henry C. Lea. 1867.

ALMOST every practitioner of medicine in this country is called upon to do more or less of surgery, in the way of minor operations at least, and any one who resides at a distance from the hospitals, or whose practice precludes him from frequent or occasional visits to the wards of such institutions, must, in a few years, find himself behind-hand as to the latest improvements in the treatment of, and appliances for, surgical injuries. A recent manual, then, which places us *au courant* with reference to these matters, is a boon not to be lightly set aside. Such a manual the 685 pages included under the above title appear to be. The book seems to be complete in every respect, and is a welcome addition to our shelves. Not its least attraction in our eyes is the abundance of wood-cuts with which it is illustrated, and which are drawn from various sources—from other books, and from models furnished by instrument makers.

\* Malformations of the Human Heart. By T. B. Peacock, M.D., &c. &c. London. 1866. 2d Edition. 8vo. Pp. 202.

*Headaches: their Causes and their Cure.* By HENRY G. WRIGHT, M.D., M.R.C.S.L., L.S.A., &c. &c. From the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1867. 12mo. Pp. 154.

THOSE not already acquainted with this little book will get an idea of its mode of treating its subject from the synopsis which we copy from the table of contents:—(A.) Headaches in Childhood and Youth. (B.) Headaches in Adult Life. 1. Dependent on the Circulating System: *a.* Plethoric—occasional, persistent; *b.* Congestive. 2. Dependent on the Digestive Organs: *a.* The headache of Indigestion; *b.* The Sick Headache; *c.* The Bilious Headache—accumulation of bile in the system, exuberant secretion of bile. 3. Dependent on the Nervous System: *a.* The ordinary Nervous Headache; *b.* The Hysteric Headache; *c.* The Headache of extreme exhaustion and debility; *d.* Megrimis; *e.* Brow-ague. 4. Rheumatic and Gouty Headaches. 5. Headaches depending on Organic Disease. (C.) Headaches in Old Age.

From the thorough review of the “varieties and symptoms,” “causes and treatment” of headaches given in this monograph, it is the fault of the medical reader if he do not get a clear idea of the therapeutics of cephalgia, and of the lesions of which it is often symptomatic.

We have already spoken of the Address of Dr. O. W. Holmes, entitled “Teaching from the Chair and at the Bedside,” and delivered before the Medical Class of Harvard University, in November last. From its forty-five pages of suggestion and brilliancy, we cannot forbear to take the following extracts:—

“Let me give you a picture of the old fashioned way of instruction, by carrying you with me in imagination in the company of worthy Master Giles Firmin as he makes his round of visits among the good folk of Ipswich, followed by his one student, who shall answer to the scriptural name of Luke. It will not be for entertainment merely, but to illustrate the one mode of teaching which can never be superseded, and which, I venture to say, is more important than all the rest put together. The student is a green hand, as you will perceive.

“In the first dwelling they come to, a stout fellow is bellowing with colic.

“‘He will die, Master, of a surety, methinks,’ says the timid youth in a whisper.

“‘Nay, Luke,’ the Master answers, ‘tis but a dry belly-ache. Didst thou not mark that he stayed his roaring when I did press hard over the lesser bowels? Note that he hath not the pulse of them with fevers, and by what Dorcas telleth me there hath been no long shutting up of the *vix naturales*. We will steep certain comforting herbs which I will shew thee, and put them in a bag and lay them on his belly. Likewise he shall have my cordial julep, with a portion of this confection which we do call *Theriaca Andromachi*, which hath the juice of poppy in it, and is a great stayer of anguish. This fellow is at his prayers to-day, but I warrant thee he shall be swearing with the best of them to-morrow.’

“They jog along the bridle-path on their horses until they come to another lowly dwelling. They sit awhile with a delicate looking girl

in whom the ingenuous youth naturally takes a special interest. The good physician talks cheerfully with her, asks her a few questions. Then to her mother: 'Goodwife, Margaret hath somewhat profited, as she telleth, by the goat's milk she hath taken night and morning. Do thou pluck a maniple—that is an handful—of the plant called Maiden-hair, and make a syrup therewith as I have shewed thee. Let her take a cupful of the same, fasting, before she sleepeth, and also before she riseth from her bed.' And so they leave the house.

"' What thinkest thou, Luke, of the maid we have been visiting ? ' ' She seemeth not much ailing, Master, according to my poor judgment. For she did say she was better. And she had a red cheek and a bright eye, and she spake of being soon able to walk unto the meeting, and did seem greatly hopeful, but spare of flesh, methought, and her voice something hoarse, as of one that hath a defluxion, with some small coughing from a cold, as she did say. Speak I not truly, Master, that she will be well speedily ? '

"' Yes, Luke, I do think she shall be well, and mayhap speedily. But it is not here with us she shall be well. For that redness of the cheek is but the sign of the fever which, after the Grecians, we do call the heitical ; and that shining of the eyes is but a sickly glazing, and they which do every day get better and likewise thinner and weaker shall find that way leadeth to the church-yard gate. This is the malady which the ancients did call *tubes*, or the wasting disease, and some do name the consumption. A disease whereof most that fall ailing do perish. This Margaret is not long for earth—but she knoweth it not, and still hopeth.'

"' Why, then, Master, didst thou give her of thy medicine, seeing that her ail is unto death ? '

"' Thou shalt learn, boy, that they which are sick must have somewhat wherewith to busy their thoughts. There be some who do give these tabid or consumptive a certain posset made with lime-water and anise and liquorice and raisins of the sun, and there be other some who do give the juice of craw-fishes boiled in barley-water with chicken-broth, but these be toys, as I do think, and ye shall find as good virtue, nay better, in this syrup of the simple called Maiden-hair.'

" Something after this manner might Master Giles Firmin have delivered his clinical instructions. Somewhat in this way, a century and a half later, another New England physician, Dr. Edward Augustus Holyoke, taught a young man who came to study with him, a very diligent and intelligent youth, James Jackson by name, the same whose portrait in his advanced years hangs upon this wall, long the honored Professor of Theory and Practice in this institution, of whom I shall say something in this Lecture. Our venerated Teacher studied assiduously afterwards in the great London hospitals, but I think he used to quote his 'old Master' ten times where he quoted Mr. Cline or Dr. Woodville once.

" When I compare this direct transfer of the practical experience of a wise man into the mind of a student—every fact one that he can use in the battle of life and death—with the far off, unserviceable 'scientific' truths that I and some others are in the habit of teaching, I cannot help asking myself whether, if we concede that our forefathers taught too little, there is not a possibility that we may some-

times attempt to teach too much. I almost blush when I think of myself as describing the eight several facets on two slender processes of the palate bone, or the seven little twigs that branch off from the minute tympanic nerve, and I wonder whether my excellent colleague feels in the same way when he pictures himself as giving the constitution of neurin, which as he and I know very well is that of the hydrate of trimethyle-oxethyle-ammonium, or the formula for the production of alloxan, which, though none but the Professors and older students can be expected to remember it, is  $C_{10} H_4 N_4 O_6 + 2 H_2 O, NO_3 \{ = C_8 H_4 N_2 O_{10} + 2 CO_2 + N_2 + NH_4 O, NO_3$ .

"I can hear the voice of some rough iconoclast addressing the Anatomist and the Chemist in tones of contemptuous indignation :— 'What is this stuff with which you are cramming the brains of young men who are to hold the lives of the community in their hands? Here is a man fallen in a fit; you can tell me all about the eight surfaces of the two processes of the palate-bone, but you have not had the sense to loosen that man's neck-cloth, and the old women are all calling you a fool! Here is a fellow that has just swallowed poison. I want something to turn his stomach inside out at the shortest notice. O, you have forgotten the dose of the sulphate of zinc, but you remember the formula for the production of alloxan!'

"Look you, Master Doctor—if I go to a carpenter to come and stop a leak in my roof that is flooding the house, do you suppose I care whether he is a botanist or not? Cannot a man work in wood without knowing all about endogens and exogens, or must he attend Prof. Gray's lectures before he can be trusted to make a box-trap? If my horse casts a shoe, do you think I will not trust a blacksmith to shoe him until I have made sure that he is sound on the distinction between the sesquioxide and the proto-sesquioxide of iron?"

"—But my scientific labor is to lead to useful results by and by, in the next generation, or in some possible remote future.—

"Diavolo!" as your Dr. Rabelais has it—answers the iconoclast—"what is that to me and my colic, to me and my strangury? I pay the Captain of the Cunard steamship to carry me quickly and safely to Liverpool, not to make a chart of the Atlantic for after voyagers! If Prof. Pierce undertakes to pilot me into Boston Harbor and runs me on Cohasset rocks, what answer is it to tell me that he is Superintendent of the Coast Survey? No, Sir! I want a plain man in a pea-jacket and a sou'wester, who knows the channel of Boston Harbor, and the rocks of Boston Harbor, and the distinguished Professor is quite of my mind as to the matter, for I took the pains to ask him before I ventured to use his name in the way of illustration." \* \* \*

*Per contra :—*

"I feel, therefore, impelled to say a very few words in defence of that system of teaching adopted in our colleges, by which we wish to supplement and complete the instruction given by private individuals or by what are often called Summer Schools.

"The reason why we teach so much that is not practical and in itself useful, is because we find that the easiest way of teaching what is practical and useful. If we could in any way eliminate all that would help a man to deal successfully with disease, and teach it by itself so that it should be as tenaciously rooted in the memory, as

easily summoned when wanted, as fertile in suggestion of related facts, as satisfactory to the peremptory demands of the intelligence as if taught in its scientific connections, I think it would be our duty so to teach the momentous truths of medicine, and to regard all useless additions as an intrusion on the time which should be otherwise occupied.

" But we cannot successfully eliminate and teach by itself that which is purely practical. The easiest and surest way of acquiring facts is to learn them in groups, in systems, and systematized knowledge is science. You can very often carry two facts fastened together more easily than one by itself, as a housemaid can carry two pails of water with a hoop more easily than one without it. You can remember a man's face, made up of many features, better than you can remember his nose or his mouth or his eye-brow. Scores of proverbs show you that you can remember two lines that rhyme better than one without the jingle. The ancients, who knew the laws of memory, grouped the seven cities that contended for the honor of being Homer's birth-place in a line thus given by Aulus Gellius :—

Smurna, Rodos, Dolophon, Salamin, Ios, Argos, Athenai.

I remember, in the earlier political days of Martin Van Buren, that Colonel Stone, of the New York Commercial, or one of his correspondents, said that six towns of New York would claim in the same way to have been the birth-place of the 'Little Magician,' as he was then called ; and thus he gave their names, any one of which I should long ago have forgotten, but which as a group have stuck tight in my memory from that day to this :—

Catskill, Saugerties, Redhook, Kinderhook, Scaghticoke, Schodac.

If the memory gains so much by mere rhythmical association, how much more will it gain when isolated facts are brought together under laws and principles, when organs are examined in their natural connections, when structure is coupled with function, and healthy and diseased action are studied as they pass one into the other ! Systematic, or scientific study is invaluable as supplying a natural kind of mnemonics, if for nothing else. You cannot properly learn the facts you want from Anatomy and Chemistry in any way so easily as by taking them in their regular order, with other allied facts, only there must be common sense exercised in leaving out a great deal which belongs to each of the two branches as pure science. The dullest of teachers is one who does not know what to omit.

" The larger aim of scientific training is to furnish you with principles to which you will be able to refer isolated facts, and so bring these within the range of recorded experience. See what the London Times said about the three Germans who cracked open John Bull Chatwood's strong-box at the Fair the other day, while the three Englishmen hammered away in vain at Brother Jonathan Herring's. The Englishmen represented brute force. The Germans had been trained to appreciate principle. The Englishman 'knows his business by rote and rule of thumb'—science, which would 'teach him to do in an hour what has hitherto occupied him two hours,' 'is in a manner forbidden to him.' To this cause the Times attributes the falling off of English workmen in comparison with those of the Continent.

" Granting all this, we must not expect too much from 'science' as

distinguished from common experience. There are ten thousand experimenters without special apparatus for every one in the laboratory. Accident is the great chemist and toxicologist. Battle is the great vivisector. Hunger has instituted researches on food such as no Liebig, no Academic Commission has ever recorded.

"Medicine, sometimes impertinently, often ignorantly, often carelessly called 'allopathy,' appropriates everything from every source that can be of the slightest use to any body who is ailing in any way, or like to be ailing from any cause. It learned from a monk how to use antimony, from a Jesuit how to cure agues, from a friar how to cut for stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a post-master how to sound the Eustachian tube, from a dairy-maid how to prevent smallpox, and from an old market-woman how to catch the itch-insect. It borrowed acupuncture and the moxa from the Japanese heathen, and was taught the use of lobelia by the American savage. It stands ready today to accept anything from any theorist, from any empiric who can make out a good case for his discovery or his remedy. 'Science' is one of its benefactors, but only one, out of many. Ask the wisest practising physician you know, what branches of science help him habitually, and what amount of knowledge relating to each branch he requires for his professional duties. He will tell you that scientific training has a value independent of all the special knowledge acquired. He will tell you that many facts are explained by studying them in the wider range of related facts to which they belong. He will gratefully recognize that the anatomist has furnished him with indispensable data, that the physiologist has sometimes put him on the track of new modes of treatment, that the chemist has isolated the active principles of his medicines, has taught him how to combine them, has from time to time offered him new remedial agencies, and so of others of his allies. But he will also tell you, if I am not mistaken, that his own branch of knowledge is so extensive and so perplexing that he must accept most of his facts ready made at their hands. He will own to you that in the struggle for life which goes on day and night in our thoughts as in the outside world of nature, much that he learned under the name of science has died out, and that simple homely experience has largely taken the place of that scholastic knowledge to which he and perhaps some of his instructors once attached a paramount importance."

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### Massachusetts General Hospital.

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[Surgical Operations for the week ending January 4th. Reported by C. B. PORTER, M.D.]

1. *Amputation of Leg.* By Dr. S. CABOT.—This operation was performed on an adult male for extensive disease of the ankle-joint of about two years' duration, by the circular method. The case will be reported in full hereafter.

2. *Excision of Breast.* By Dr. R. M. HODGES.—This patient, married woman, 48 years of age, noticed, about two years previous to her entrance to the hospital, a small tumor in the left breast, just inside and above the nipple, which continued to increase in size and become painful—the pains being of that stabbing, lancinating character experienced in scirrhus. For some months the skin

had been adherent to the tumor, and recently it had ulcerated. The tumor was about the size of an orange, and one gland in the axilla was implicated. The whole of the diseased mammary gland was excised with the tumor, and the involved gland in the axilla carefully dissected out.

3. *Dislocation of Humerus.* By Dr. S. CABOT.—This man, about three hours before his entrance to the hospital, had fallen, striking violently upon his left shoulder, producing a dislocation of the humerus downwards into the axilla, which was reduced by extension vertically upwards, the acromion serving as a fulcrum by which the head of the bone was pried out of the axilla, the scapula being fixed.

4. *Double Harelip.* By Dr. H. J. BIGELOW.—This was a well-marked case of double harelip. The central portion of the lip, attached to the septum, was dissected from the protruding intermaxillaries beneath, its edges pared, and brought to a point. The intermaxillaries were now removed with cutting forceps, so that nothing should be left to hinder the subsequent and gradual approximation of the fissure of the palate. The lateral flaps were now freely dissected up, their margins pared and united by sutures, except at the upper extremity, where an insect pin was made to traverse the base of the alæ nasi and the central flap. A figure-of-8 suture firmly retained this flap in place. A piece of adhesive plaster was now cut into an hour-glass form, with the isthmus a little below the centre, and the cheeks being drawn together it wholly covered each cheek, while the narrow isthmus maintained a pressure upon the lips—the cheeks and lip being thus held firmly in place. Dr. Bigelow remarked upon the great advantage of adhesive plaster thus applied as a support to the whole cheek—an expedient to which he had resorted twenty years since. He also alluded to the advantage of a single slender pin for retaining the small central flaps in place, instead of sutures, which cut off its circulation. This pin should be inserted before the lower stitches, otherwise the flap will be driven to the top of the incision, and the nose thrust upwards even farther than happens usually in operations for double harelip. The method by sutures to the exclusion of pins has been generally employed in this hospital since 1846. If pins are used in exceptional cases, they are of the sort known as "insect-pins."

5. *Varicocele.* By Dr. S. CABOT.—This man, aged 38 years, had had a varicocele for eight years, which was operated upon by subcutaneous ligature by Rocard's method. The following description of this method is given by Mr. Curling: "The vas deferens being separated from the mass of veins, and the latter being pinched up with a fold of the scrotum, a needle set in a handle with an eye near the point, armed with a double-looped thread, is to be passed beneath them. When the needle has traversed from one side to the other, the loop is to be drawn out, the needle retracted, and the veins let go, the skin alone being now held up. A second needle, similarly armed, is then to be passed through over the veins, entering at the same hole by which the first needle was thrust out, and emerging at the same hole by which it entered. The second loop is next to be drawn out, and the needle withdrawn. The bundle of veins is thus included between two double threads, of which one passes over and the other beneath it. The ends of the thread on each side are then to be passed into the loop of the other, and now, by drawing these ends in opposite directions, the vessels are tied beneath the skin." These ends are then fastened to the ends of a piece of whalebone bent into the form of a bow—the necessary tension being maintained by the elasticity of the whalebone.

6. *Single Harelip.* By Dr. H. J. BIGELOW.—The fissure was upon the left side, involving the hard and soft palate. The edges were freely dissected up, pared, and the intermaxillary of the same side as the fissure being cut with bone forceps to the level of the face, they were brought together by sutures, and the adhesive plaster applied as in the case above reported.

7. *Polypus Nasi.* By Dr. S. CABOT.—This polypus, of indefinite duration, was removed in the usual way.

8. *Examination of Ankle.* By Dr. H. J. BIGELOW.—Three years ago, this boy received an injury to his left ankle by being accidentally hit by a stone. It did not seem to be a serious injury at the time, but after a while numerous ab-

scesses formed in the vicinity of the joint, and he has been obliged for the past four months to keep his bed. The parts were too painful to be examined without ether, and he was brought to the table for that purpose. Such extensive disease of the ankle joint was found, involving the tibia, fibula and astragalus, that excision or amputation was deemed advisable, which was deferred until after consultation with his friends.

9. *Paronychia of Thumb.* By Dr. H. J. BIGELOW.—Patient was an adult, and the thumb presented a knob at its extremity, surmounted by a nail of the size of a quarter of a dollar, the disease being of six months' duration. The soft parts were freely opened, a sequestrum removed, and the nail extracted, to allow the matrix to contract. Dr. Bigelow stated that this enlargement of the end of the finger, with a greatly enlarged nail, was not uncommon, especially in children, and was figured in works on surgery under the name of paronychia; but it was his own belief that the enlarged nail usually described as the disease, was only a secondary and comparatively unimportant complication of it. The real affection he considered to be an enlargement of the bone, which so stretches and perhaps stimulates the matrix that a very large nail is produced; for this result the requisites are, swelling for a considerable time and a degree of inflammation not too great. In the present case, a felon had occurred six months ago, and a long, slender sequestrum had been imprisoned near the distal phalanx till now. In a common felon, the inflammation is too rapid to allow of the enlargement of the nail. Children are subject to a chronic enlargement of the phalanges, by some supposed to be tuberculous, which causes this enlargement of the nail, and the removal of the nail does not cure the disease.

10. *Enlarged Cervical Glands.* By Dr. H. J. BIGELOW.—This young woman had had enlargement of the cervical glands, just below the angle of the jaw, about the size of an egg, for more than a year. Constitutional treatment had been resorted to, and lately numerous injections of tincture of iodine into the glands, but to no avail, and, at the request of the patient, they were removed by the knife.

11. *Excision of Tonsils.* By Dr. H. J. BIGELOW.

12. *Tracheotomy for Croup.* By Dr. R. M. HODGES.—This child was 22 months old, of robust appearance. The disease was of three days' duration. Patient was brought to the hospital at the end of that time, suffering severely from labored respiration. Pulse 150 per minute and very weak, and respiration 35 per minute. Tracheotomy was deemed necessary, and was performed in the usual way.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, JANUARY 9, 1868.

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### SUCCESSFUL REMOVAL OF A FIBROUS UTERINE TUMOR BY ABDOMINAL SECTION.

THE *Chicago Medical Journal* contains a report of the successful removal, by abdominal section, of a fibrous tumor of the uterus from a lady of that city, by Dr. Walter Burnham, of Lowell, in this State. The patient had been previously tapped for her ascites six times, and seventy-eight quarts of serum had been drawn off. From Dr. Burnham's account of the operation we extract the following:—

I advised an exploring operation by a short incision through the abdominal walls, with a view to ascertain the kind, character and extent of the adhesions, if any there were, so that, if owing to them, it was not deemed feasible to attempt the removal of the tumor, the patient might be subjected to the least pos-

sible risk. On the following day, I met Dr. Dodge, the two Drs. Clark, and Dr. Seeley in consultation, and they fully concurred with my views concerning an operation. Accordingly, the patient was placed on a lounge, and chloroform was administered until she was under its influence. I then made an incision through the integuments down to the peritoneum, extending from an inch below the umbilicus three inches downward in the median line; then, raising the peritoneum carefully, I divided it and passed the canula of a No. 10 trocar into the abdominal cavity, removing about fifteen pounds of a serous fluid, after which I increased the opening in the membrane, so that it corresponded with the original incision, by which means I was enabled to gain a free examination of the tumor, which I found sustained by a pedicle from the broad ligament of the uterus. There were, also, firm adhesions to the intestines to a considerable extent, and one of the Fallopian tubes was attached throughout its entire length. I thought, however, that these might be separated, and, with that view, extended my first incision three inches upward (avoiding the umbilicus), and about two inches downward, thus gaining ample room to turn the mass around, and by presenting its smallest diameter, to bring it to the surface, that I might better remove the adhesions. I then carefully dissected off the attachments to the intestines and the Fallopian tube, being obliged to ligate and remove a portion of the omentum, which was so thoroughly incorporated with the tumor that it could not be separated. I next passed a double silk ligature around the pedicle and drew it tightly, holding it firmly for some time before securing it, to prevent the duplication of membrane from slipping. I then tied it and separated the pedicle about a half inch from the ligature.

The wound was dressed by approximating the edges with five (5) wire sutures (bringing the ligatures out at the bottom), and covered with straps of adhesive plaster, extending from one side to the other; above these, a compress of cotton batting was applied, and the whole secured by a broad bandage. The patient was then removed to bed and a mild anodyne administered, together with nutritious drinks, *p. r. n.* She was left in charge of Dr. Seeley.

The patient bore the operation well and slept the night after without an opiate. No special treatment was required, except simple dressings and nourishment. The wound healed rapidly, and five months after there had been no recurrence of the ascites, and the patient's general health was excellent.

*Resections in London Hospitals.* — Prof. Edmund Andrews, in a letter to the *Chicago Medical Examiner*, writes as follows:

"Resections of the knee are extensively practised, even in children. The surgeons deny that it will prevent the limb from growing, provided you do not remove the whole of the epiphysis. The practice here is very often to amputate or resect inflamed knees, in cases where a Chicago surgeon would save the limb and effect a cure. They operate in the first stages, while the disease is yet a simple inflammation, without suppuration or caries; and while, according to American experience, the knee is perfectly curable. In justification of this practice, they say that the cure, if accomplished at all, would be excessively slow, and, therefore, the hospitals could not keep the patients long enough. They would go out and run about on their limbs, and exasperate the disease to actual caries; therefore they think it better to operate at once. The real fact is this: They treat their patients only by medicines, local applications, and rest in the foul air of the wards, and find that they die. As a general rule, they are grossly ignorant of the fact that adhesive-strap extension and pure air will cure the patient without operation. So they take the easiest course, and cut out the joint, or cut off the limb, and thus end the matter, and frequently kill the patient."

*Presence of Infusoria in the expired Air in Whooping Cough.* — M. Poulet, in a note to the *Academie des Science (Gazette Hebdomadaire)*, writes as follows:—

A small epidemic of whooping cough having occurred in the locality where I live, I was induced to examine the vapor expired by several children affected with this malady, reputed contagious by the majority of observers. These vapors arising from the respiration of the little patients, presented a veritable world of infusoria, identical in all cases. The more numerous, which were also the most slender, may be classed with the species described by some under the name of *Monas Termo*, by others under that of *Bacterium Termo*. Others in less number moved to and fro in the field of the instrument. They had a form resembling a *bacillus*, slightly spindle-shaped; their length was from two to three hundredths of a millimetre, their breadth about a fifth as much. This is the species which Müller names *Monas punctum*; Ehrenberg, *Bodo punctum*, and which micrographers habitually class among the *Bacteries*—*Bacterium bacillus*. Thus, whooping cough, because of these alterations in the expired air, belongs to the class of infectious maladies, of which I have already studied, from the same point of view, variola, scarlatina and typhoid fever; and a truth, which the simple observation of facts had already rendered evident, receives from microscopic study complete confirmation.—*Pacific Medical and Surgical Journal*.

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*Can Typhoid Fever be Arrested?*—Dr. Strong of Buffalo (*Buffalo Medical and Surgical Journal*), answers this question in the affirmative. He thinks he has accomplished the purpose by applying a blister to the iliac region as soon as the diagnosis is established, and repeating it, if necessary. The practice is not exclusively original with Dr. Strong. We have employed it repeatedly, and we believe it has been used by several other physicians in California. The only wonder is that, in view of the pathology of the disease, counter-irritation to the iliac region, or some other system of topical treatment, is not universally adopted. Perhaps the authority of Louis, who prohibited blisters altogether in typhoid fever, has determined the general course of medical practice in this respect. In spite of that high authority, we are inclined to concur with Dr. Strong. Further, there is a great variety of topical means besides vesication, which may be resorted to. — *Ib.*

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*Chestnut Leaves in Pertussis.*—In the *Cincinnati Lancet and Observer*, Dr. J. S. Unzicker, of Cincinnati, reports the use of a decoction of leaves of the Chestnut, *Castanea Visca*, in whooping-cough. He says:

I have given it a fair trial in about thirty cases, and feel satisfied in saying that at last a remedy is found to cope with this disease. In all of these cases it gave decided relief the first two weeks. The cough is cut short, and patients rest easier through the nights, and the decline of all symptoms from that time on is very rapid. My method of using it is as follows: take from  $\frac{3}{4}$  jij. to  $\frac{3}{4}$  iv. of the leaves to the pint of water; let it come to a boil, then pour the whole into a teapot, without straining, and let them drink occasionally—either cold or warm—and as much as they will through the day and at bedtime. Children, I find, like to drink it, even without sugar, which I consider best, and have that way administered it to infants, without the least difficulty.—*Chicago Medical Examiner*.

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*Inflammation treated by Compression of Arteries.*—Beyond its long-established use as a mode of treating aneurism, the compression of arterial trunks has lately been considerably employed as a therapeutical resource in the treatment of arthritic inflammations and similar diseases. Vanzetti, of Padua (who, we think, was the original proposer of this plan of treatment, since adopted in various countries), lately related to the Paris Academy of Medicine some cases of inflammation in which this procedure had been used. The first case was a wound of the hand, attended with excessive inflammation and swelling of the arm, its size being doubled. After twenty-four hours' digital compression of the brachial artery, the limb had returned to its normal size and all the symptoms had been relieved. The cure was complete in two days. The second case was one of malignant pustule upon the fore-arm. The cure of the patient was complete in

a month. The third case was of elephantiasis of the leg. Compression of the femoral was kept up at intervals for about two months, when the patient left the hospital considerably improved. Three years after, the patient was seen, and the hypertrophy had entirely disappeared.—*N. Y. Medical Gazette.*

*Mortality of the City of Providence, 1867.*—Whole number of deaths for the year, 960—males, 465; females, 495—white, 907; colored, 53—born in the United States, 726; Ireland, 177; other places, 57. Among the causes of death are noticed—consumption, 189; pneumonia, 61; cholera infantum, 49; diseases of the heart, 49; old age, 47; dysentery, 48; accidents, 32; &c. Under 5 years of age, 284. Proportion of deaths to population, 1 in 59·16; in 1866, 1 in 53·67; in 1865, 1 in 45·08; in 1864, 1 in 42·01.

DR. MAXSON, in a letter to the *Medical and Surgical Reporter*, mentions two successful cases of œsophagotomy in Guy's Hospital, London, for the extraction of plates with teeth. In one of the cases the plate, though large, could not be felt till the œsophagus was laid open.

DR. CHARLES E. TAYLOR, of the New York Orthopaedic Institution, has received from Paris a medal which was awarded him for a new apparatus intended to correct vertebral deviations consequent upon angular or lateral curvature of the spine.

**VITAL STATISTICS OF BOSTON.**  
FOR THE WEEK ENDING SATURDAY, JANUARY 4th, 1868.  
DEATHS.

		Males.	Females.	Total.
Deaths during the week	- - - - -	47	41	88
Ave. mortality of corresponding weeks for ten years, 1856—1866	- - - - -	42.3	39.3	81.6
Average corrected to increased population	- - - - -	00	00	90.05
Deaths of persons above 90	- - - - -	0	0	0

**BOOKS AND PAMPHLETS RECEIVED.**—Chronic Diseases of the Larynx, with special reference to Laryngoscopic Diagnosis and Local Therapeutics. By Dr. Adelbert Tobold, Lecturer in the University of Berlin. Translated from the German and Edited by George M. Beard, A.M., M.D., Lecturer on Nervous Diseases in the University of New York. New York: Wm. Wood & Co. 1868.—Plastics: a new Classification and a brief Exposition of Plastic Surgery. A re-print from a Report in the Transactions of the Illinois State Medical Society for 1867. By David Prince, M.D. Philadelphia: Lindsay & Blakiston. 1868.—Diseases of the Heart: their Diagnosis and Treatment. By David Wooster, M.D., &c. &c. San Francisco: H. H. Bancroft & Co. 1867.—Proceedings of the American Pharmaceutical Association at the Fifteenth Annual Meeting, held at New York City, September, 1867.—Fifteenth Annual Report of the Trustees of the Public Library, 1867.—Twelfth Annual Report of the Trustees of the State Lunatic Hospital at Northampton.—Annual Report of the Board of Trustees of Mount Hope Cemetery (Boston), 1867.

**MARRIED.**—At Winchester, 24th ult., Dr. W. F. Stone, of Jamaica Plain, to Miss M. L. Blaisdell, of Winchester.

**DIED.**—At Stow, 30th ult., Seth Bass, M.D., aged 87 yrs. 6 mos.—At Portland, Me., 2d inst., of erysipelas, Dr. Tenbroek, Surgeon U.S.A.

**DEATHS IN BOSTON** for the week ending Saturday noon, Jan. 4th, 88. Males, 47—Females, 41. Disease of the bowels, 1—Inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—Inflammation of the brain, 1—bronchitis, 2—cancer, 1—consumption, 16—convulsions, 1—croup, 4—debility, 2—diphtheria, 2—dropsy, 2—dropsy of the brain, 1—dysentery, 1—er. inflas, 1—scarlet fever, 17—typhoid fever, 3—gastritis, 1—disease of the heart, 3—intantile disease, 1—disease of the kidneys, 1—disease of the liver, 1—Inflammation of the lungs, 9—marasmus, 1—measles, 1—old age, 1—paralysis, 1—premature birth, 1—puerperal disease, 3—unknown, 5.

Under 5 years of age, 36—between 5 and 20 years, 15—between 20 and 40 years, 20—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 68—Ireland, 18—other places, 2.